

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-003096

STATE FILE NUMBER

AMENDED

Registration District No.

FILED FEB 27 1962

Primary Registration District No.

3053

Registrar's No.

26

## 1. PLACE OF DEATH

a. COUNTY

Phelps

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

Rolla

Length of stay in 1b  
4 Hoursc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Memorial Hospital

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Phelps

c. CITY  
OR  
TOWN

Saint James

Inside Limits  
Yes ☐ No ☒d. STREET  
ADDRESS

(If outside, give location)

Route 2

Reside on Farm  
Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)First  
JOHNMiddle  
ANDERSONLast  
MAXWELL4. DATE  
OF  
DEATHMonth Day Year  
Jan. 28, 1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

8-5-90

## 9. AGE (last birthday)

71

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farming

## 10b. KIND OF BUSINESS OR INDUSTRY

Agr.

## 11. BIRTHPLACE (City and state or country)

Phelps County, Mo., USA

## 12. CITIZEN OF WHAT COUNTRY

## 13a. FATHER'S NAME

John C. Maxwell

## 13b. MOTHER'S MAIDEN NAME

Mary Elizabeth Skyles

## 14. NAME OF HUSBAND OR WIFE

Elsie Mae Maxwell

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) No

(If yes, give war or dates of service)

xx

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Mrs. Clyde Lewis, St. James, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

Fracture of Skull & Brain Damage  
Self inflicted Gun Shot Wounds

## INTERVAL BETWEEN ONSET AND DEATH

5 hrs

5 hrs.

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☒ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.  
Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. I attended the deceased from 1-28-62 to 1-28-62 and last saw him alive on 1-28-62

Death occurred at 11:45AM on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or Title)

## 22b. ADDRESS

## 22c. DATE SIGNED

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

1-30-62

## 23c. NAME OF CEMETERY OR CREMATORY

Macedonia Cemetery

## 23d. LOCATION (City, town, or county)

Rolla, Missouri

## 24. FUNERAL DIRECTOR

ADDRESS

## 25. DATE RECD. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

Null & Son Funeral Home... Rolla  
By Paul C. Null

Jan 30, 1962

Madame L. Stoll

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Paul E. Null

Licensed Embalmer No. 4498

P. O. Address Rolla, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.